

#### **INFORMATION SHEET FOR HIGHWAYS CLAIMS - APRIL 2015**

### **Investigating Your Claim**

This "Information Request Form" is sent out for all claims relating to the public highway. It is used to help collect all of the information needed to investigate your claim.

The Council deals with highway claims following the framework set out by the UK Courts in the Pre-action Protocol. On a claim involving personal injury, a decision on liability must be provided by the Council within 40 working days <u>but only after you have provided sufficient</u> written information for us to be able to investigate.

The Highways Inspectorate prepares a full accident report about the accident location. This provides the detailed maintenance history, photographs and the complete documentary evidence for the site. The Council endeavours to defend each and every claim because it has a full system of inspections in place and it does everything that it reasonably can to prevent such unfortunate incidents.

### The Legal Background

The key Act governing highways claims is the Highways Act 1980.

By making a claim, you are stating that the Council has been negligent and has not fulfilled its statutory obligations in terms of the above Act. (In particular, Section 41 – "the duty to maintain" and Section 58 –" the authority had taken such care as in all the circumstances was reasonably required to secure the part of the highway to which the action relates was not dangerous").

# <u>Claims may be re-directed to third parties, such as Council contractors or utility companies, as appropriate.</u>

#### **Fraud Prevention**

In accordance with the Social Security (Recovery of Benefits) Act 1997, the Council are legally required to report all claims for personal injury to the Department for Work & Pensions.

The Council may pass information on your claim to the Motor Insurance Anti-fraud and Theft Register, run by the Association of British Insurers (ABI).

Details of your claim may be passed to the Claims and Underwriting Exchange Register, run by Insurance Database Services Ltd (IDS ltd).

The Council shares its data between all its Departments for Fraud Prevention.

#### Please return the completed form to:

Email: insurance@rbkc.gov.uk

Post: Insurance Section, 3<sup>rd</sup> Floor, Town Hall, Hornton Street, London, W8 7NX

## IT IS A CRIMINAL OFFENCE TO MAKE A FRAUDULENT CLAIM

# HIGHWAYS CLAIMS INFORMATION REQUEST FORM

(TO BE COMPLETED BY THE CLAIMANT)

ARE Y	OU CLAIMING FOR PERSONAL INJURIES?	YES		NO				
If YES	and you are a UK citizen over 16, you will ned	ed to supply th	ne follow	ing:				
Nation	nal Insurance (NI) Number							
DATE	OF BIRTH/							
ARE Y	YOU MAKING A VEHICLE DAMAGE CLAIM?	YES		NO				
If YES	s, you need to supply the following:							
Vehicl	le Registration Number							
1.	TITLE, FULL NAME AND CONTACT DETAILS							
	MR	☐ MS	□Oth	er (pleas	se specify)			
	NAME:							
	ADDRESS:							
		POST CODE:						
	TELEPHONE:(HOME)			(MOBILE/OFFICE)				
	E-MAIL:							
2.	HOW DID YOU FIRST NOTIFY THE COUNCIL ?							
	TELEPHONE   LETTER   V	VEB-FORM		MAIL	☐ FAX ☐			
	WHEN?/WHAT RE	FERENCE NO	). WERE	YOU GI	VEN?			
	WHAT CONTACT NAME WERE YOU GIVEN	?						
3.	DETAILS OF ACCIDENT							
	DATE OF ACCIDENT:///		TIME:		AM / PM			
	LOCATION (ROAD ETC.):							
	OUTSIDE / NEAR (IF KNOWN):  For example, a house number or shop name or lamp post number as near the spot as possible							
	WERE THERE WITNESSES ?	res 🗆	NO					
	IF YES, PLEASE STATE NAMES AND ADDR	RESSES ETC (	IF KNOW	/N)				

WERE THE POLICE INFORMED?	_	NO		
IF YES, PLEASE GIVE DETAILS OF POLICE O KNOWN)	FFICER AN	D POL	ICE STAT	ION (IF
DETAILS OF ACCIDENT (continued)				
HOW DID IT OCCUR ?:				
		CONTIN		ΔGE 1/ IE NE
	(0	CONTIN	NUE ON P	AGE 4 IF NE
DETAILS OF PERSONAL INJURIES OR OTHE			NUE ON P	AGE 4 IF NE
DETAILS OF PERSONAL INJURIES OR OTHE			NUE ON P	AGE 4 IF NE
DETAILS OF PERSONAL INJURIES OR OTHER			NUE ON P	AGE 4 IF NE
DETAILS OF PERSONAL INJURIES OR OTHE			NUE ON P	AGE 4 IF NE
DETAILS OF PERSONAL INJURIES OR OTHE			NUE ON P	AGE 4 IF NE
DETAILS OF PERSONAL INJURIES OR OTHER HAVE YOU RECEIVED A LETTER FROM YOUR DOCTOR OR A HOSPITAL?			NUE ON P	AGE 4 IF NE
HAVE YOU RECEIVED A LETTER	R DAMAGE		NO	
HAVE YOU RECEIVED A LETTER FROM YOUR DOCTOR OR A HOSPITAL?  IF YES, IS THE ORIGINAL OR A COPY	YES		NO	

6.	PHOTOGRAPHS OF ACCIDENT SITE				
	HAVE YOU TAKEN A LOCATION SHOT OF THE ACCIDENT SITE?	YES		NO	
	IF YES, ARE COPIES ATTACHED?	YES		NO	
	WHEN WERE THESE PHOTOGRAPHS TAKEN?	DATE:			
7.	A SKETCH PLAN OR A MARKED MAP THAT ACC Please show as accurately as possible where you the street and a house number or building name. THIS WILL BE ESPECIALLY IMPORTANT IF YOU PHOTOGRAPH.	ir accide as near t HAVE N	ent happe the spot a	ened, inc as possi /IDED A	cluding the name of ble.
	If you do not provide a good description of the lo	cation y	<u>our claim</u>	<u>ı will ine</u>	vitably be delayed.

8.	ANY OTHER INFORMATION TO ASSIST WITH YOUR CLAIM				
PLEASE SIGN	I THIS FORM IN ORDER FOR US TO PROCED WITH YOUR CLAIM				
(If you are und	der 18 years of age please ask your parent/guardian to sign on your behalf).				
details you ha	is document you are confirming that to the best of your knowledge and belief the ave provided here are correct. You are also giving permission for the information popotentially be shared with other interested parties and for anti-fraud initiatives ill Departments.				
SIGNATURE O	F CLAIMANT				
PLEASE PRINT	Γ NAME IN BLOCK CAPITALS				
DATE:	J				